



IN THE ABSTRACT

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition

July 2003



KCR 2003 Fall Workshop September 11-12, 2003

Mark your calendars and make reservations for the upcoming annual fall workshop sponsored by KCR. The 2003 event will be held at Louisville Marriott East, located east of Hurstbourne Parkway and south of the I-64 interchange. Close to many restaurants and shops, this facility should meet the needs and expectations of statewide registry professionals. Brochures and hotel information sheets were mailed in mid-July to CPDMS users throughout Kentucky and other locales. The hotel conference rate of \$89 per night, plus 13.95% tax, **can be reserved until August 27, 2003 at 12:00 noon.** Call Marriott East at (502) 499-6220 to lock in the special conference rate before the deadline. Mention that you will be attending the Kentucky Cancer Registry Workshop to qualify for the special rate, and reserve your room with a credit card.

Six physicians are scheduled to speak on a variety of topics including testicular tumor markers, GYN cancers, new treatment modalities, and the soon-to-be-collected benign brain and CNS tumors. In addition, there will be sessions covering the new CPDMS.net, collaborative staging, and an update on a colon cancer research project in the commonwealth. Workshop registration will include a special evening dinner plus a mystery/comedy play.

Please remember to register for the workshop with KCR sooner rather than later! A \$10 LATE FEE will be assessed for any registrations received AFTER the workshop registration deadline. **THE WORKSHOP REGISTRATION DEADLINE IS Monday, August 25th.** Make your check payable to Kentucky Cancer Registry, and mail it in immediately! The workshop should be pre-approved by NCRA for 9.25 continuing education credits.

NCRA Program Recognition

Attendance at any of the FORDS/AJCC 6th Edition Training programs held this spring in Kentucky earned registrars **6.5 CE** hours toward ongoing CTR credentialing. The programs were assigned an event number that must be specified on the continuing education form maintained for certification in two-year cycles. Please note the following event number was assigned to these sessions: **2003-054**

KCR Achieves NAACCR Gold Status

At the recent North American Association of Central Cancer Registries (NAACCR) Annual Conference in Honolulu, Hawaii, the Kentucky Cancer Registry was once again honored as a recipient of the highest "gold" certification. This gold standard is awarded to those registries with indicators of quality, completeness and timeliness of data exceeding the NAACCR standards. The award was accepted by QA

Manager, Reita Pardee, CTR, at an awards luncheon on June 12, 2003. The KCR wishes to congratulate and to thank all Kentucky registrars who provided complete, timely and quality data toward this award. Your commitment to excellence has made this award possible. You ARE appreciated!

PEOPLE NEWS

Welcome to New Hires:



Linda L. Brown
Judy Moore
Donna Schmidt

KCR Regional Abstractor, Lexington
Murray Calloway County Hospital, Murray
Western Baptist Hospital, Paducah

Resignations:

Tom Dobbins
Gail Henderson, CTR

King's Daughters Medical Center, Ashland
Baptist Hospital East, Louisville

GOLDEN BUG AWARD

There are several winners of the current highly coveted "Golden Bug Award"! Registrars at Norton Audubon Hospital in Louisville (Barbara O'Hara, CTR and Rhonda Paul, CTR) are winners due to their discovery that Summary Staging 2000 was not implemented in the patient abstract summary report. Sue Burns, CTR of St. Joseph Hospital in Lexington, is a winner due to her identification of problems with the Extended Data Set Fields. Elaine Neaves of St. Elizabeth Medical Center in Edgewood is a winner due to her discovery of missing choice list values for surgery codes. Congratulations to each of our most recent award-winners. The bug-finding quest continues....



Lung Cancer Training Module Now Available On-Line

The most recent site-specific training module to premiere on SEER's Training Web Site features Lung Cancer. This helpful educational tool includes an introduction to lung cancer, as well as

lessons on anatomy, abstracting, coding, staging, and therapy, followed by practical exercises. Visit this latest in registry training methods to learn via the "net" and receive immediate feedback to exercise questions. The Lung Cancer module can be found at www.training.seer.cancer.gov

CTR Test News

The deadline is fast approaching for registrars planning to take the Fall 2003 CTR Exam. August 1st is the last day applications will be accepted for the exam to be given on September 13th. The cost to NCRA members is \$200; non-members will be charged \$275. Visit the NCRA website (www.ncra-usa.org) for more information related to this important certification “hurdle”. Dates, testing sites, exam content, and an application are among the tidbits of information provided in the Handbook, which can be downloaded from the website. Out of 225 registrars sitting for the March 2003 Exam, 139 (62%) passed to formally become Certified Tumor Registrars. Beginning in 2004, the CTR exams will cover FORDS and AJCC 6th edition manuals.

Calendar of Events

August 1, 2003 - CTR Exam Application Deadline

August 25, 2003 - KCR Fall Workshop Registration Deadline

**September 11-12, 2003 – KCR Fall Workshop
Louisville Marriott East**

September 13, 2003 - Fall 2003 CTR Exam

**November 5-7, 2003 - Advanced Cancer Registry
Training Program
Emory University, Atlanta GA**

Answers to Our Readers' Frequently Asked Questions...

Question: Is Gleason score 7 (prostate cancer) coded as moderately differentiated or poorly differentiated?

Answer: Gleason score 7 is coded to poorly differentiated (grade 3) beginning with cases diagnosed in 2003. Prior to 1/1/03, such cases were coded as grade 2.

Question: Should we code Data Item 119 (Therapy at this facility?) for any type of therapy, including non-definitive?

Answer: Yes, this data item should be filled in with a “0” (Not administered at this facility) or “1” (Yes, at this facility) for treatments of all cases beginning with 2003. For cases diagnosed prior to 1/1/03, enter “9”.

Question: What grade is coded to represent a tumor that includes both invasive and in situ components, but only the in situ component is graded (e.g., invasive ductal carcinoma with high grade ductal carcinoma in situ)?

Answer: Code the grade/differentiation field to 9 (cell type not determined, not stated or not applicable). The grade is taken from the invasive component only when a tumor has both invasive and in situ components. (SEER inquiry)

Question: For ACOS-approved hospitals, MUST physicians report both clinical and pathological TNM staging for all cases?

Answer: Cancer program standards require that clinical or pathologic staging be completed. Physicians may choose to record both the clinical and the pathologic stages if applicable. Registrars are required to report both the clinical and the pathologic TNM Stage if the information is available from the physician. (ACOS inquiry)

Question: Why are cases with path reports showing “no residual melanoma” reportable by my hospital registry? I thought skin cancers were no longer reportable....

Answer: Only basal and squamous cell (8000-8110) skin cancers are not reportable. Melanomas are a serious type of skin cancer, which is still reportable to ACoS, SEER, and KCR. Oftentimes, melanomas are initially excised in physician offices, and no residual melanoma is found in the re-excision specimen. The re-excision/wide excision surgery is a treatment, however, even if no residual is identified in the specimen. Be sure and search for these path reports when performing active casefinding.

Question: In CPDMS Field #129, can we code an incisional biopsy or an FNA of a distant lymph node?

Answer: No, only surgical removal or resection of distant nodes or other tissues or organs beyond the primary site are to be coded in #129.



Fight Stress – Laugh More!

According to a statement in “Fighting the Workplace Blues”, under healingpassages.com, illnesses related to stress cost industry in the United States more than \$150 billion each year. Find something to laugh about each day, and your productivity rate will increase as your stress-level decreases. Remember that it is important to take our jobs seriously, but ourselves lightly!

EARN CONTINUING EDUCATION CREDIT...

Attention CTR's! Earn one CEU by reading an article entitled “Applying Business-Modeling Techniques to Central Cancer Registry Operations” in the Summer 2003 Journal of Registry Management. Complete a 10-question quiz on page 74 of the same volume, and mail the answer sheet, along with a fee, to NCRA.

Members are charged \$25 per quiz, and nonmembers are charged \$35. A passing score of 70% must be attained in order to receive the CEU. To maintain the Certified Tumor Registrar credential, twenty (20) CEU's must be attained during each two-year cycle. For questions regarding this alternative method of earning credit, call the NCRA Executive Office at (703) 299-6640.

New Cancer Program Standards Delayed by Commission on Cancer

The implementation of new cancer program standards has been delayed until 1/1/04. The Committee on Approvals hopes this will help all programs during the transition phase. An electronic Cancer Program Standards-2004 should be online this month. The published version was scheduled for availability in July or early August, at a cost of \$30. Approved cancer program registries should subscribe to the CoC Flash, the Commission on Cancer newsletter e-mailed automatically every month. Subscribe today by sending an e-mail with your name, address, and telephone/fax numbers to coc@facs.org and requesting to be added to the electronic distribution list.

SEER CODING QUESTIONS

Check out the following questions sent to the SEER Inquiry System by various SEER registries. Some of the scenarios may resemble cases that have been problematic for you. These are presented as another means of continuing education....

Question 1: Should the American College of Radiology BI-RADS assessment categories 4 [Suspicious Abnormality –biopsy should be considered] and 5 [Highly Suggestive of malignancy – appropriate action should be taken], impressions for mammograms and sonograms, be used as the sole basis for reportability?

Answer: No, do not use categories 4 or 5 as the sole basis of reportability. Report a case with a mammogram classified in category 4 or category 5 only if the diagnosis is confirmed by a physician (clinical diagnosis). The terms “suspicious abnormality” and “highly suggestive of malignancy” are not on the SEER reportable list. SINQ ID #20010094; SEER Program Manual, 3rd Ed, pg 5)

Question 2: If the tumor arises in the prostatic apex, does that take priority over coding clinical extension based on the stage of cT1c? Physician states prostate primary is a cT1c. Pathology states adenocarcinoma, Gleason 3+3, right apex. All other biopsies were negative. Because the primary appears to be in the prostatic apex, do we code 33 or 15 for clinical extension? Which is more important for SEER? Do you want to capture the “apex” information or the “cT1c” information?

Answer: Code the EOD-Clinical Extension field to 33 [arising in prostatic apex]. Apex information takes priority. The only statement we have is cT1c by the urologist, and we don't know how that stage was determined. (SINQ ID# 20021028; AJCC Manual, 6th Ed, pg 310; AJCC Manual, 5th Ed, pg 220)

Question 3: First course treatment: Would Quadramet (radioactive samarium) be considered interstitial radiation? Patient is receiving it for treatment of bony mets.

Answer: Code Quadramet in the RX Summ-Radiation field as 3 [Radioisotopes]. Quadramet is a radioisotope used to palliate bone pain. The instructions in the SEER manual say to code any type of RT regardless of source, field, or intent (curative or palliative). (SINQ ID#20031096; SEER Program Manual, 3rd Ed, Rev 1, pg 134a; <http://druginfo.cc.nih.gov>)

Question 4: How is tumor size coded when preventative Tamoxifen treatment precedes breast cancer diagnosis? Can we code the tumor size from the surgical specimen? Is Tamoxifen considered treatment here?

Answer: Code tumor size from the surgical pathology report. Do not code this preventative Tamoxifen as treatment. This Tamoxifen was part of a clinical trial intending to delay or prevent breast cancer from developing, so it isn't coded nor does it affect any codes. Size of tumor is as described in path. (SINQ ID#20031090; SEER Program Manual, 3rd Ed, pg 119; SEER EOD-88 3rd Ed)

Question 5: How is extension coded when the pathology says superficial invasion of muscularis mucosa in upper stalk of polyp? Is this invasion of stalk?

Answer: Code extension as 12 [muscularis mucosae]. For this case, "upper stalk" is a reference to location rather than extension. This adenocarcinoma extends to the muscularis mucosa. (SINQ ID#20031068; SEER EOD-88 3rd Ed, pg 52)

Cancer Awareness Months

August - Melanoma/Skin Cancer

**September - GYN Cancer
Leukemia
Bladder Cancer**

October - Breast Cancer